

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Al Maghazehe PhD, FACHE**

Mailing Address 314 Stoney Ford Road

City

Holland

State

PA

Zip Code

18966-2510

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capital Health

Occupation

Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2364.70

Date of Receipt

11 / 08 / 2013

**Transaction ID : 21257948**

Amount of Each Receipt this Period

2364.70

Full Name (Last, First, Middle Initial)

**B. Mr. David W. McClung**

Mailing Address 5 Via Ripa

City

Sea Bright

State

NJ

Zip Code

07760-2131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Monmouth Medical Center

Occupation

Chief Financial Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

11 / 08 / 2013

**Transaction ID : 21257953**

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

**C. Ms. Stephanie McNamara**

Mailing Address 20 Forest Lane

City

Branchburg

State

NJ

Zip Code

08853-4178

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Saint Peter's Healthcare System

Occupation

General Counsel

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

211.25

Date of Receipt

11 / 08 / 2013

**Transaction ID : 21257955**

Amount of Each Receipt this Period

211.25

**SUBTOTAL** of Receipts This Page (optional)..... ►

2900.95

**TOTAL** This Period (last page this line number only)..... ►